PTO/SB/80 (01-06)
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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: × Practitioners associated with the Customer Number: 26694 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Name Registration Name Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 0R Firm or Individual Name Address City State Zip Telephone Email Assignee Name and Address: Evotec NeuroSciences GmbH Schnackenburgallee 114 Hamburg, Germany 22525 A copy of this form, together with a statement under 37 CPR 3.73(b) (Form PTO/SB/96 or squivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is suthorized to act on behalf of the assignes, and must identify the application in which this Power of Altomey is to be filed. SIGNATURE of Assignes of Record The individual whose sature and title is supplied below is authorized to act on beholf of the assigner Signature DE JOHNNES POFETHERMONERNIES TO MANAGING DIE SON BARRON DUNGEN 114 Name 1818

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D-22525 Hamburg Germany

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Applicant/Patent Owner: Heinz von der Kammer et al.
Application No./Patent No.: 10/520,065 Filed/Issue Date: September 13, 2005
Entitled: Diagnostic and Therapeutic Use of TB2 Gene and Protein for Neurodegenerative Diseases
Evotec Neurosciences GmbH , a Corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.
Karite L. Leggere December 11, 2006 Signature Date
/ Signature Date
Kavita B. Lepping (202) 344-4000
Printed or Typed Name Telephone Number
Authorized Signer for Assignee Title